

OLF3 (Official Local Form 3)
Effective December 1, 2017

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS

In re:
Robert E McClure, Jr.
Amy E McClure

Debtor(s)

Case No.: **17-41925**
Chapter 13

CHAPTER 13 PLAN

Check one. This plan is:

- ☐ Original
- ☒ **AMENDED** Amended (*Identify First, Second, Third, etc.*)
- ☐ Postconfirmation (*Date Order Confirming Plan Was Entered:* _____)
- Date this plan was filed: _____

PART 1: NOTICES

TO ALL INTERESTED PARTIES:

You should review carefully the provisions of this Plan as your rights may be affected. In the event the Court enters an order confirming this Plan, its provisions may be binding upon you. The provisions of this Plan are governed by statutes and rules of procedure, including Title 11 of the United States Code (the "Bankruptcy Code"), the Federal Rules of Bankruptcy Procedure ("Fed. R. Bankr. P."), the Massachusetts Local Bankruptcy Rules ("MLBR"), and, in particular, the Chapter 13 rules set forth in Appendix 1 of MLBR, all of which you should consult.

TO CREDITORS:

Your rights may be affected by this Plan. Your claim may be reduced, modified, or eliminated. Read this Plan carefully and discuss it with your attorney. If you do not have an attorney, you may wish to consult with one. If you oppose this Plan's treatment of your claim or any other provision of this Plan, you or your attorney **must** file with the Court an objection to confirmation on or before the later of (i) thirty (30) days after the date on which the first Meeting of Creditors pursuant to 11 U.S.C. § 341 is held or (ii) thirty (30) days after service of an amended or modified Plan, unless the Court orders otherwise. A copy of your objection must be served on the Debtor(s), the attorney for the Debtor(s), and the Chapter 13 Trustee (the "Trustee"). The Bankruptcy Court may confirm this Plan if no objection to confirmation is filed or if it overrules an objection to confirmation. You have received or will receive a Notice of Chapter 13 Bankruptcy Case from the Bankruptcy Court which sets forth certain deadlines, including the bar date for filing a Proof of Claim. **To receive a distribution, you must file a Proof of Claim.**

TO DEBTOR(S):

You (or your attorney) are required to serve a copy of this Plan on all creditors in the manner required under the Bankruptcy Code, the Fed. R. Bankr. P., and MLBR. Unless the Court orders otherwise, you must commence making payments not later than the earlier of (i) thirty (30) days after the date of the filing of this Plan or (ii) thirty (30) days after the order for relief. **You must check a box on each line below to state whether or not this Plan includes one or more of the following provisions. If you check the provision "Not Included," if you check both boxes, or if you do not check a box, any of the following provisions will be void if set forth later in this Plan. Failure to properly complete this section may result in denial of confirmation of this Plan.**

FOR EACH LINE BELOW, DO NOT CHECK BOTH BOXES; DO NOT LEAVE BOTH BOXES BLANK.

1.1	A limit on the amount of a secured claim, set out in Part 3.B.1, which may result in a partial payment or no payment at all to the secured creditor.	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.2	Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Part 3.B(3).	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.3	Nonstandard provisions, set out in Part 8.	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included

PART 2: PLAN LENGTH AND PAYMENTS

A. LENGTH OF PLAN:

- ☐ 36 Months. 11 U.S.C. § 1325(b)(4)(A)(i);
- ☒ 60 Months. 11 U.S.C. § 1325(b)(4)(A)(ii);
- ☐ Months. 11 U.S.C. § 1322(d)(2). The Debtor(s) states the following cause:

B. PROPOSED MONTHLY PAYMENTS:

Monthly Payment Amount	Number of Months
\$922.31	60

C. ADDITIONAL PAYMENTS:

Check one.

☐ **None.** If "None" is checked, the rest of Part 2.C need not be completed and may be deleted from this Plan.

The total amount of Payments to the Trustee [B+C]:

\$55,338.60.

This amount must be sufficient to pay the total cost of this Plan in Exhibit 1, Line h.

PART 3: SECURED CLAIMS

☐ **None.** If "None" is checked, the rest of Part 3 need not be completed and may be deleted from this Plan.

A. CURE OF DEFAULT AND MAINTENANCE OF PAYMENTS:

Check one.

☐ **None.** If "None" is checked, the rest of Part 3.A need not be completed and may be deleted from this Plan.

☒ **Any Secured Claim(s) in default shall be cured and payments maintained as set forth in (1) and/or (2) below.**
Complete (1) and/or (2).

(1) PREPETITION ARREARS TO BE PAID THROUGH THIS PLAN

Prepetition arrearage amounts are to be paid through this Plan and disbursed by the Trustee. Unless the Court orders otherwise, the amount(s) of prepetition arrearage listed in an allowed Proof of Claim controls over any contrary amount(s) listed below. Unless the Court orders otherwise, if relief from the automatic stay is granted as to any collateral listed in this paragraph, all payments paid through this Plan as to that collateral will cease upon entry of the order granting relief from stay.

(a) Secured Claim(s) (Principal Residence)

Address of the Principal Residence: **-NONE-**

The Debtor(s) estimates that the fair market value of the Principal Residence is: \$ _____

Name of Creditor	Type of Claim (e.g., mortgage, lien)	Amount of Arrears

Total of prepetition arrears on Secured Claim(s) (Principal Residence): **\$0.00**

(b) Secured Claim(s) (Other)

Name of Creditor	Type of Claim	Description of Collateral (or address of real property)	Amount of Arrears
MTGLQ investors, LP	First Mortgage	5 Montclair Circle Chelmsford, MA 01824 Middlesex County	\$40,000.00

Total of prepetition arrears on Secured Claim(s) (Principal Residence): **\$45,769.12**

Total prepetition arrears to be paid through this Plan [(a) + (b)]: \$45,769.12

(2) MAINTENANCE OF CONTRACTUAL INSTALLMENT PAYMENTS (TO BE PAID DIRECTLY TO CREDITORS):

Contractual installment payments are to be paid directly by the Debtor(s) to creditor(s). The Debtor(s) will maintain the contractual installment payments as they arise postpetition on the secured claims listed below with any changes required by the applicable contract and noticed in conformity with any applicable rules.

Name of Creditor	Type of Claim	Description of Collateral
MTGLQ investors, LP	First Mortgage	5 Montclair Circle Chelmsford, MA 01824 Middlesex County
Santander Consumer USA IncBank N/A	Automobile Loan	2012 Mazda MAZDA-6 60000 miles

B. MODIFICATION OF SECURED CLAIMS:

Check one.

- ☐ **None.** If "None" is checked, the rest of Part 3.B need not be completed and may be deleted from this Plan.

C. SURRENDER OF COLLATERAL:

Check one.

- ☐ **None.** If "None" is checked, the rest of Part 3.C need not be completed and may be deleted from this Plan.

PART 4: PRIORITY CLAIMS

Check one

- ☐ **None.** If "None" is checked, the rest of Part 4 need not be completed and may be deleted from this Plan.
- ☐ **The following priority claim(s) will be paid in full without postpetition interest. Unless the Court orders otherwise, the amount of the priority portion of a filed and allowed Proof of Claim controls over any contrary amount listed below.**

A. DOMESTIC SUPPORT OBLIGATIONS:

Name of Creditor	Description of Claim	Amount of Claim
-NONE-		

B. OTHER PRIORITY CLAIMS (Except Administrative Expenses):

Name of Creditor	Description of Claim	Amount of Claim
-NONE-		

Total of Priority Claim(s) (except Administrative Expenses) to be paid through this Plan: \$0.00

C. ADMINISTRATIVE EXPENSES:

(1) ATTORNEY'S FEES:

Name of Attorney	Attorney's Fees
Patrick J. Wood	\$4,035.00

If the attorney's fees exceed the amount set forth in MLBR, Appendix 1, Rule 13-7, the Trustee may not pay any amount exceeding that sum until such time as the Court approves a fee application. If no fee application is approved, any plan payments allocated to attorney's fees in excess of MLBR Appendix 1, Rule 13-7 will be disbursed to other creditors up to a 100% dividend.

(2) OTHER (Describe):

-NONE-

Total Administrative Expenses (excluding the Trustee's Commission) to be paid through this Plan [(1) + (2)]: \$4,035.00

(3) TRUSTEE'S COMMISSION:

The Debtor shall pay the Trustee's commission as calculated in Exhibit 1.

The Chapter 13 Trustee's fee is determined by the United States Attorney General. The calculation of the Plan payment set forth in Exhibit 1, Line (h) utilizes a 10% Trustee's commission. In the event the Trustee's commission is less than 10%, the additional funds collected by the Trustee, after payment of any allowed secured and priority claim(s), and administrative expense(s) as provided for in this Plan, shall be disbursed to nonpriority unsecured creditors up to 100% of the allowed claims.

PART 5: NON PRIORITY UNSECURED CLAIMS

Check one.

☐ **None.** If "None" is checked, the rest of Part 5 need not be completed and may be deleted from this Plan.

PART 6: EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check one.

☐ **None.** If "None" is checked, the rest of Part 6 need not be completed and may be deleted from this Plan.

PART 7: POSTCONFIRMATION VESTING OF PROPERTY OF THE ESTATE

If the Debtor(s) receives a discharge, property of the estate will vest in the Debtor(s) upon entry of the discharge. If the Debtor(s) does not receive a discharge, property of the estate will vest upon the earlier of (i) the filing of the Chapter 13 Standing Trustee's Final Report and Account and the closing of the case or (ii) dismissal of the case.

PART 8: NONSTANDARD PLAN PROVISIONS

☐ **None.** If "None" is checked, the rest of Part 8 need not be completed and may be deleted from this Plan.

PART 9: SIGNATURES

By signing this document, Debtor(s) acknowledges reviewing and understanding the provisions of this Plan and the Exhibits filed as identified below.

By signing this document, the Debtor(s) and, if represented by an attorney, the attorney for the Debtor(s), certifies that the wording and order of the provisions in this Plan are identical to those contained in Official Local Form 3, including the Exhibits identified below, other than any Nonstandard Plan Provisions in Part 8.

/s/ Robert E McClure, Jr.

Robert E McClure, Jr.

Debtor

December 14, 2017

Date

/s/ Amy E McClure

Amy E McClure

Joint Debtor

December 14, 2017

Date

/s/ Patrick J. Wood

Date December 14, 2017

Signature of attorney for Debtor(s)

Patrick J. Wood

533600

Patrick J. Wood, Esquire

11 Summer Street

Suite 8

Chelmsford, MA 01824

978-256-1515

eliz.lyle@verizon.net, pjwood.esq@verizon.net

The following Exhibits are filed with this Plan:

☒ **Exhibit 1: Calculation of Plan Payment***

☒ **Exhibit 2: Liquidation Analysis***

☐ **Exhibit 3: Table for Lien Avoidance under 11 U.S.C. § 522(f)****

☐ **Exhibit 4: [Proposed] Order Avoiding Lien Impairing Exemption****

List additional exhibits if applicable.

*Denotes a required Exhibit in every plan

**Denotes a required Exhibit if the box "Included" is checked in Part 1, Line 1.2.

Total number of Plan pages, included Exhibits: 8

EXHIBIT 1

CALCULATION OF PLAN PAYMENT

a)	Secured claims (Part 3.A and Part 3.B.1-3 Total):	\$45,769.12
b)	Priority claims (Part 4.A and Part 4.B Total):	\$0.00
c)	Administrative expenses (Part 4.C.1 and 4.C.2 Total):	\$4,035.00
d)	Nonpriority unsecured claims (Part 5.E Total):	\$0.00
e)	Separately classified unsecured claims (Part 5.F Total):	\$2.00
f)	Executory contract/lease arrears claims (Part 6 Total):	\$0.00
g)	Total of (a) + (b) + (c) + (d) + (e) + (f):	\$4,037.00
h)	Divide (g) by .90 for total Cost of Plan including the Trustee's fee:	\$55,338.60
i)	Divide (h), Cost of Plan, by term of Plan, <u> </u> months:	
j)	Round up to the nearest dollar amount for Plan payment:	

If this is either an amended Plan and the Plan payment has changed, or if this is a postconfirmation amended Plan, complete(a) through (h) only and the following:

k)	Enter total amount of payments the Debtor(s) has paid to the Trustee:	\$0
l)	Subtract line (k) from line (h) and enter amount here:	\$55,338.60
m)	Divide line (l) by the number of months remaining (0 months):	\$0.00
n)	Round up to the nearest dollar amount for amended Plan payment:	0.00

Date the amended Plan payment shall begin: / /

EXHIBIT 2

LIQUIDATION ANALYSIS

A. REAL PROPERTY

Address (Sch. A/B, Part 1)	Value (Sch. A/B, Part 1)	Lien (Sch. D, Part 1)	Exemption (Sch. C)
5 Montclair Circle Chelmsford, MA 01824 Middlesex County	450,000.00	236,477.00	500,000.00

Total Value of Real Property (Sch. A/B, line 55):	\$ 450,000.00
Total Net Equity for Real Property (Value Less Liens):	\$ 213,523.00
Less Total Exemptions for Real Property (Sch. C):	\$ 213,523.00
Amount Real Property Available in Chapter 7:	\$ 0.00

B. MOTOR VEHICLES

Make, Model and Year (Sch. A/B, Part 2)	Value (Sch. A/B, Part 2)	Lien (Sch. D, Part 1)	Exemption (Sch. C)
2012 Mazda MAZDA-6 60000 miles	7,997.00	5,452.00	2,545.00
2007 Acura TL 120000 miles	6,370.00	0.00	6,370.00
2010 Chevrolet Cobalt 8400 miles	3,114.00	0.00	3,114.00

Total Value of Motor Vehicles (Sch. A/B, line 55):	\$ 17,481.00
Total Net Equity for Motor Vehicles (Value Less Liens):	\$ 12,029.00
Less Total Exemptions for Motor Vehicles (Sch. C):	\$ 12,029.00
Amount Motor Vehicle Available in Chapter 7:	\$ 0.00

C. ALL OTHER ASSETS (Sch. A/B Part 2, no. 4; Part 3 through Part 7. Itemize.)

Asset	Value	Lien (Sch. D, Part 1)	Exemption (Sch. C)
Household Goods and Furnishings	5,000.00	0.00	5,000.00
Clothing / Personal effects	2,500.00	0.00	2,500.00
Checking: Lowell Five	251.00	0.00	251.00
Checking: Hanscom Federal Credit Union	25.00	0.00	25.00
Checking: Lowell Five	72.00	0.00	72.00
Checking and Svings: Enterprise Bank	244.00	0.00	244.00
Checking acct xx9569 \$199.00			
Savings acct xxxx1622 \$45.00			
Remcon Flooring, Inc. 80 % ownership	0.00	0.00	0.00
IRA: INVESCO	415.00	0.00	0.00
Federal and State: Expected Federal Tax Refund of \$4496.00 2016	7,418.00	0.00	7,000.00
State Tax Refund of \$2,922.00 2016			

Total Value of All Other Assets:	\$ 15,925.00
Total Net Equity for All Other Assets (Value Less Liens):	\$ 15,925.00
Less Total Exemptions for All Other Assets:	\$ 15,092.00
Amount of All Other Assets Available in Chapter 7:	\$ 0.00

D. SUMMARY OF LIQUIDATION ANALYSIS

Amount available in Chapter 7	Amount
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A. Amount Real Property Available in Chapter 7 (<i>Exhibit 2, A</i>)	\$	0.00
B. Amount Motor Vehicles Available in Chapter 7 (<i>Exhibit 2, B</i>)	\$	0.00
C. Amount All Other Assets Available in Chapter 7 (<i>Exhibit 2, C</i>)	\$	0.00

TOTAL AVAILABLE IN CHAPTER 7: \$ **0.00**

E. ADDITIONAL COMMENTS REGARDING LIQUIDATION ANALYSIS:

--

Fill in this information to identify your case and this filing:

Debtor 1 **Robert E McClure, Jr.**
First Name Middle Name Last Name

Debtor 2 **Amy E McClure**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number 17-41925

☒ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

5 Montclair Circle

Street address, if available, or other description

Chelmsford MA 01824-0000

City State ZIP Code

Middlesex

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$450,000.00	\$450,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$450,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Robert E McClure, Jr.**
Debtor 2 **Amy E McClure**

Case number (if known) **17-41925**

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1 Make: **Mazda**
Model: **MAZDA-6**
Year: **2012**
Approximate mileage: **60000**
Other information:

Who has an interest in the property? Check one

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$7,997.00	\$7,997.00

3.2 Make: **Acura**
Model: **TL**
Year: **2007**
Approximate mileage: **120000**
Other information:

Who has an interest in the property? Check one

☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$6,370.00	\$6,370.00

3.3 Make: **Chevrolet**
Model: **Cobalt**
Year: **2010**
Approximate mileage: **8400**
Other information:

Who has an interest in the property? Check one

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$3,114.00	\$3,114.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$17,481.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe.....

Household Goods and Furnishings

\$5,000.00

Debtor 1 **Robert E McClure, Jr.**
Debtor 2 **Amy E McClure**

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7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☒ No

☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Clothing / Personal effects

\$2,500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No

☐ Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$7,500.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

Debtor 1 **Robert E McClure, Jr.**
Debtor 2 **Amy E McClure**

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☒ Yes.....

Institution name:

17.1. **Checking**

Lowell Five

\$251.00

17.2. **Checking**

Hanscom Federal Credit Union

\$25.00

17.3. **Checking**

Lowell Five

\$72.00

17.4. **Checking and
Savings**

Enterprise Bank
Checking acct xx9569 \$199.00
Savings acct xxxx1622 \$45.00

\$244.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Remcon Flooring, Inc.

80 %

\$0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

IRA

INVESCO

\$415.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

Debtor 1 **Robert E McClure, Jr.**
Debtor 2 **Amy E McClure**

Case number (if known) **17-41925**

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☐ No
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Expected

**Federal Tax Refund of \$4496.00 2016
State Tax Refund of \$2,922.00 2016**

Federal and State

\$7,418.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value.
Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

Debtor 1 **Robert E McClure, Jr.**
Debtor 2 **Amy E McClure**

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35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$8,425.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$450,000.00
56. Part 2: Total vehicles, line 5	\$17,481.00	
57. Part 3: Total personal and household items, line 15	\$7,500.00	
58. Part 4: Total financial assets, line 36	\$8,425.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$33,406.00	Copy personal property total \$33,406.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$483,406.00

Fill in this information to identify your case:

Debtor 1	Robert E McClure, Jr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Amy E McClure		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF MASSACHUSETTS</u>			
Case number (if known)	17-41925		

☒ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
5 Montclair Circle Chelmsford, MA 01824 Middlesex County Line from <i>Schedule A/B</i> : 1.1	\$450,000.00	<input checked="" type="checkbox"/> \$500,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c.188, §§ 1, 3
2012 Mazda MAZDA-6 60000 miles Line from <i>Schedule A/B</i> : 3.1	\$7,997.00	<input checked="" type="checkbox"/> \$2,545.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(16)
2007 Acura TL 120000 miles Line from <i>Schedule A/B</i> : 3.2	\$6,370.00	<input checked="" type="checkbox"/> \$6,370.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(16)
2010 Chevrolet Cobalt 8400 miles Line from <i>Schedule A/B</i> : 3.3	\$3,114.00	<input checked="" type="checkbox"/> \$3,114.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(16)
Household Goods and Furnishings Line from <i>Schedule A/B</i> : 6.1	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c.235, § 34(2)

Debtor 1 **Robert E McClure, Jr.**
Debtor 2 **Amy E McClure**

Case number (if known) **17-41925**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Clothing / Personal effects Line from Schedule A/B: 11.1	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c.235, § 34(1)
Checking: Lowell Five Line from Schedule A/B: 17.1	\$251.00	<input checked="" type="checkbox"/> \$251.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 246, § 28A
Checking: Hanscom Federal Credit Union Line from Schedule A/B: 17.2	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 246, § 28A
Checking: Lowell Five Line from Schedule A/B: 17.3	\$72.00	<input checked="" type="checkbox"/> \$72.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 246, § 28A
Checking and Svings: Enterprise Bank Checking acct xx9569 \$199.00 Savings acct xxxx1622 \$45.00 Line from Schedule A/B: 17.4	\$244.00	<input checked="" type="checkbox"/> \$244.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 246, § 28A
Remcon Flooring, Inc. 80 % ownership Line from Schedule A/B: 19.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(17)
IRA: INVESCO Line from Schedule A/B: 21.1	\$415.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235 § 34A
Federal and State: Expected Federal Tax Refund of \$4496.00 2016 State Tax Refund of \$2,922.00 2016 Line from Schedule A/B: 28.1	\$7,418.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(15)
Federal and State: Expected Federal Tax Refund of \$4496.00 2016 State Tax Refund of \$2,922.00 2016 Line from Schedule A/B: 28.1	\$7,418.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(17)

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☐ No

☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☒ No

☐ Yes

Fill in this information to identify your case:

Debtor 1 **Robert E McClure, Jr.**
 First Name Middle Name Last Name

Debtor 2 **Amy E McClure**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number **17-41925**
 (if known)

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Maria King Creditor's Name 1 Patriot Way Chelmsford, MA 01824 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 5 Montclair Circle Chelmsford, MA 01824 Middlesex County As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Second Mortgage	\$14,000.00	\$450,000.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 11/07/2012 Last 4 digits of account number		

2.2 MTGLQ investors, LP Creditor's Name c/o Goldman Sachs Group, Inc 6011 Connection Drive, 5th Floor Irving, TX 75039 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 5 Montclair Circle Chelmsford, MA 01824 Middlesex County As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) First Mortgage	\$222,477.00	\$450,000.00	\$0.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 01/14/2004 Last 4 digits of account number 2097			

Debtor 1 **Robert E McClure, Jr.** Case number (if know) **17-41925**
 First Name Middle Name Last Name
 Debtor 2 **Amy E McClure**
 First Name Middle Name Last Name

2.3	Santander Consumer USA IncBank N/A	Describe the property that secures the claim: 2012 Mazda MAZDA-6 60000 miles	\$5,452.00	\$7,997.00	\$0.00
	Creditor's Name				
	PO Box 961245 Fort Worth, TX 76161-1245				
	Number, Street, City, State & Zip Code				

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Date debt was incurred _____ Last 4 digits of account number **3491**

Add the dollar value of your entries in Column A on this page. Write that number here:
 If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here:

\$241,929.00
\$241,929.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code J. P. Morgan Chase Bank, N.A. P O Box 183166 Columbus, OH 43218-3166	On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number 4878
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code MTGLQ c/o Goldman Sachs Group, Inc. 6011 Connection Drive, 5th Floor Irving, TX 75039	On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number ____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code MTGLQInvestors, LP Korde & Associates, P. C. 900 Chelmsford Street, Suite 3102 Lowell, MA 01851	On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1 **Robert E McClure, Jr.**
 First Name Middle Name Last Name

Debtor 2 **Amy E McClure**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number **17-41925**
 (if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service Priority Creditor's Name P O Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$0.00	\$0.00	\$0.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Debtor 1 **Robert E McClure, Jr.**
Debtor 2 **Amy E McClure**

Case number (if know) **17-41925**

2.2	MA DOR Priority Creditor's Name Bankruptcy Unit POB 9564 Boston, MA 02114-9564 Number Street City State Zip Code	Last 4 digits of account number \$47,369.00 When was the debt incurred?	\$47,369.00 \$47,369.00 \$0.00	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Tax payment due
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Capital One Nonpriority Creditor's Name P.O. Box 30285 Salt Lake City, UT 84114 Number Street City State Zip Code	Last 4 digits of account number 5211 When was the debt incurred?	\$1,231.00	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 **Robert E McClure, Jr.**
Debtor 2 **Amy E McClure**

Case number (if know) **17-41925**

4.2	Capital One Bank (USA), N.A. Nonpriority Creditor's Name c/o Solomon & Solomon P.C. Columbia Circle P.O. Box 15019 Albany, NY 12212-5019 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1916 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Credit card purchases Acct 3987 \$3,392.00 <input checked="" type="checkbox"/> Other. Specify Acct 1916 \$ 2,418.13	\$5,810.13
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4.3	Citi Nonpriority Creditor's Name Customer Service BOX 6004 Sioux Falls, SD 57117-6004 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8959 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases	\$3,390.00
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4.4	Citizens Bank Nonpriority Creditor's Name Attn: Collections Bureau P.O. Box 7092 Bridgeport, CT 06601 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0719 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases	\$1,559.00
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Debtor 1 **Robert E McClure, Jr.**
Debtor 2 **Amy E McClure**

Case number (if know) **17-41925**

4.6	Discover Card Nonpriority Creditor's Name POB 30421 Salt Lake City, UT 84130-0421 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5475</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	\$20,401.00
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4.6	MA DOR Nonpriority Creditor's Name Bankruptcy Unit POB 9564 Boston, MA 02114-9564 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Tax payment due</u>	\$6,398.00
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4.7	Maria King Nonpriority Creditor's Name 1 Patriot Way Chelmsford, MA 01824 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cash Advances</u>	\$62,000.00
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 **Robert E McClure, Jr.**
Debtor 2 **Amy E McClure**

Case number (if know) **17-41925**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	Total Claim 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	47,369.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	47,369.00
Total claims from Part 2	6f. Student loans	6f.	\$	Total Claim 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	100,789.13
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	100,789.13